(95% CI). Furthermore, we adopted the cumulative ranking curve (SUCRA) to rank the probabilities of each outcome.
Result: Six RCTs were included in this network meta-analysis. Patients treated with rivaroxaban and dabigatran were associated with a reduced risk of stroke, comparing to warfarin (OR 0.63, 95% CI 0.40–0.97; OR 0.67, 95% CI 0.46–0.99). Each OACs has an insignificant difference in IS prevention while dabigatran, apixaban, and edoxaban were associated with a lower risk of hemorrhagic stroke, comparing to warfarin (OR 0.18, 95% CI 0.06–0.49; OR 0.24, 95% CI 0.09–0.58; OR 0.30, 95% CI 0.13–0.63, respectively). Edoxaban, apixaban, and dabigatran were associated with a lower risk of major bleeding, comparing to warfarin (OR 0.45, 95% CI 0.32–0.64; OR 0.51, 95% CI 0.33–0.78; OR 0.57, 95% CI 0.41–0.81). Rivaroxaban (SUCRA = 0.75) was the preferable one with respect to stroke events and IS prevention (SUCRA = 0.88). Dabigatran (SUCRA = 0.84) was preferable as it has the lowest risk of hemorrhagic stroke. Edoxaban was better than others with respect to major bleeding (SUCRA = 0.87) and mortality (SUCRA = 0.91).

SUCRA of outcomes

Treatment	Outcomes				
	All stroke	Ischemic stroke	Hemorrhagic stroke	Myocardial infarction	Major bleeding
Apixaban	0.51	0.24	0.71	0.38	0.74
Dabigatran	0.68	0.72	0.84	0.61	0.61
Edoxaban	0.50	0.22	0.59	0.65	0.87
Rivaroxaban	0.75	0.88	0.35	0.35	0.25
Warfarin	0.06	0.44	0.01	0.50	0.03

Conclusion: Dabigatran, rivaroxaban, apixaban, edoxaban, and warfarin were found to have similar efficacies of SPAF in the Asiatic population. However, edoxaban, apixaban, and dabigatran, in terms of safety, are the preferred agents, especially edoxaban.

P6583
Oral anticoagulants in diabetic and nondiabetic patients with non-valvular atrial fibrillation

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Background: New Oral Anticoagulants (NOAs) have been largely used since they became available two years ago.
Purpose: The primary objective of our study was to evaluate the effects of Vitamin K Anticoagulants (VKA) compared to NOAs on glycemic control, lipid profile, lipoprotein (a) [Lp (a)], apopoprotein (a) [apo (a)] in diabetic and nondiabetic patients with non-valvular atrial fibrillation, newly diagnosed. The secondary objective was to evaluate the effects on the risk of bleeding.
Methods: The study was conducted at the Diabetes and Metabolic Diseases Center. We enrolled 300 patients with newly diagnosed atrial fibrillation. One hundred and sixteen patients were taking warfarin, 31 acenocumarol, 22 dabigatran, 80 rivaroxaban, 34 apixaban, and 17 edoxaban. We evaluated at baseline, and after 1, 3, 6 and 12 months: anthropometric parameters, glycated haemoglobin (HbA1c), fasting and post-prandial glucose (FPG, and PPG), lipid profile, Lp(a), apo(a) isoform, fibrinogen, D-dimer, anti-thrombin III, incidence of bleeding.
Results: We did not record any difference among nondiabetic patients between VKA and NOAs. However, when we considered diabetic patients, we found a slight, but significant improvement of HbA1c ($p<0.05$ vs VKA). We did not record any variation of lipid profile with neither groups. As regards incidence of bleedings, minor bleeding were more frequent in VKA diabetic group compared to NOAs diabetic group ($p<0.05$); furthermore, the incidence of major bleeding was higher with VKA in nondiabetic and diabetic group ($p<0.05$, respectively) compared to patients with NOAs. Among NOAs, we recorded a higher incidence of bleedings (minor and major) with dabigatran (both the dosages, $p<0.05$) compared to rivaroxaban, apixaban and edoxaban in nondiabetic and diabetic patients.
Conclusion: We can concluded that NOAs seem to be metabolically favourable in diabetic patients. Regarding incidence of bleedings, NOAs are better than VKA in diabetic patients. Among NOAs, it seems that dabigatran is less favourable than the others.

P6584
Impact of cancer on major bleeding and stroke in patients using direct oral anticoagulants

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Background: Atrial fibrillation (AF) is the most common sustained arrhythmia. This prevalence increases with the increase in ageing. The occurrence of malignancies also increases according to ageing. Furthermore, AF has been found to occur with an increased frequency in patients with malignancies. In addition, few data are available on use of direct oral anticoagulants (DOACs) in patients with cancer and AF.
Method: A retrospective analysis was conducted of prospectively collected data from a single-center registry that included 2272 consecutive patients who have been prescribed DOACs for AF (apixaban, 1,014; edoxaban,267; rivaroxaban,498; dabigatran, 493). Patients were monitored for 2 years, and classified as cancer diagnosis during DOAC treatment, active cancer at DOAC prescription, and history of cancer at DOAC prescription. Major bleeding (MB) and thromboembolic events (TEE) were evaluated in a cancer group (n=263) and a non-cancer group (n=2,029). In addition, appropriate dose was defined as an administration according to a regimen in Japan.
Results: Overall, mean age was 72±10 years old. CHADS2 and HAS-BLED scores were 1.85±1.12 and 1.89±0.96, respectively. Among 263 patients (11.5%) with cancer, the sites were gastrointestinal (61%), lung (10.0%), prostate (8.1%), genitourinary (8.1%), hematological (4.2%), breast (3.8%), and others. Overall, the incidence of MB and TEE was 4.3 and 3.8% during 2-year follow up, respectively. he comparison between the cancer group and the non-cancer group revealed that CHADS2 and HAS-BLED scores in the cancer group were significantly higher than those in the non-cancer group (1.90±0.94 vs. 1.77±1.11, p=0.038; 2.00±0.87 vs. 1,86±0.96, p=0.017). Furthermore, the rate of appropriate dose, body weight and Ccr value in the cancer group were significantly lower than in the non-cancer group (65 vs. 75%,$p<0.01$; 55.7±13.6 vs. 60.0±12.0kg, $p<0.01$; 55.4±19.1 vs. 62.6±25.7mL/min, $p<0.01$) and age in the cancer group significantly higher than in the non-cancer group (75±13 vs. 72±11 years old, $p<0.01$). In patients with MB diagnosed as cancer during follow-up, most clinically relevant bleeding occurred at the cancer site. During 2-year follow up, the incidence of MB and TEE in the cancer group was 7.6 and 3.5%, respectively and in the non-cancer group 3.8 and 3.8%, respectively. Kaplan-Meier analysis revealed that the incidence of MB in the cancer group was significantly higher than in the non-cancer group ($P<0.01$) but the incidence of TEE in the cancer group was comparable to that of the non-cancer group.
Conclusion: Prospectively collected data from a single-center registry has revealed that the DOAC treatment might cause a higher risk of MB in the cancer patients with AF than the non-cancer patients with AF.

P6585
Aging and outcomes of patients with major bleeding events with or without ongoing anticoagulants in real life

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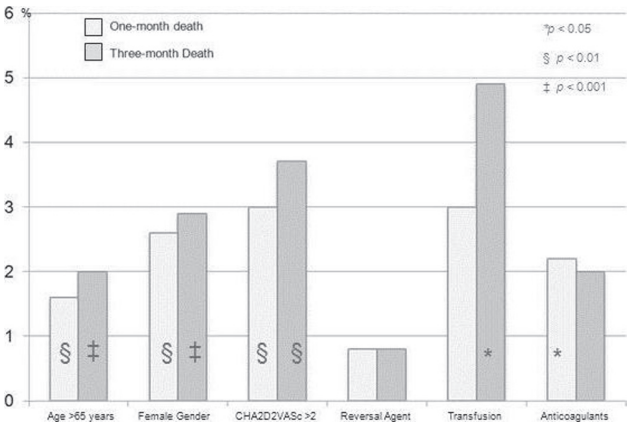
Objective: To look for the role of aging or other clinical variables associated to bleeding events in patients with or without ongoing anticoagulants including Warfarin or direct oral anticoagulants (DOACs).
Setting: Community hospital with 85,000 visits each year; catchment area of 200,000 inhabitants; 8,239 patients with ongoing Warfarin and 3,797 with DOACs.
Participants: Patients presenting to the Emergency Department with any bleeding events out of two-year survey.
Main outcome measures: Subgroup analysis according to major bleeding, clinical variables, site of bleeding, ongoing antithrombotics, reversal treatment or blood transfusion and monthly mortality rates.A hard 5:1 matched analysis based on the propensity score of each patient was conducted.
Results: Out of 3,048 patients enrolled (mean age 67±20 year) with any bleeding events, major bleeding accounts for 1,185 (39%) patients: gastrointestinal accounts for 379 (32%; 100 hematemesis, 90 melena, 189 rectorragy), intracranial for 491 (41%; 199 brain hemorrhage, 99 subdural hematoma, 193 associated with trauma); haematuria for 115 (10%), hemoptysis for 68 (6%), epistaxis for 64 (5%), and gynecological for 48 (4%). Major bleeding was more likely to present with on-



Short-term death in major bleeding